

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599,543

FILING DATE

9-29-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						
5				1		
6					1	
7						
8					1	
9						
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11					1	
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		11	←	←	←
TOTAL CLAIMS		██████████	13	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████